

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522405

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/	/				
3	2		/				
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TOTAL IND.	/	↓	/	↓		↓	
TOTAL DEP.	5	←	15	←		←	
TOTAL CLAIMS	5	████████	110	████████	75	████████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		████████		████████	75	████████	